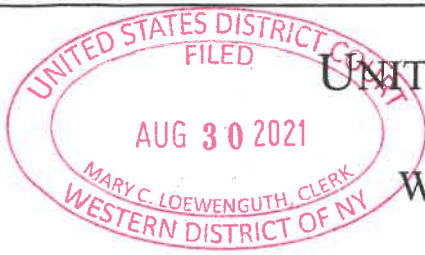


(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)



## UNITED STATES DISTRICT COURT

for the

Western District of New York

21 CV 6558

Case No.

(to be filled in by the Clerk's Office)

Taiwan D. Lowmack

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

JURY TRIAL: Yes \_\_\_ No ☒

Byron Brown, Mayor City of Buffalo  
 Timothy B. Howard (Sheriff)  
 Thomas Brina Supt. of Corr. & Holding Ctr.  
 Paul Evans former 1st Dep Supt.

Defendant(s)

(see attached)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

(see attached)

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

(cont'd) (see attached) 10A11

Touwan Lowmack

Case No. \_\_\_\_\_

Jury trial yes ☒ no

✓

A. Harris former Chief, Asst. 1st Dep. Supt  
Lt. Sunberg, Lieutenant, Correctional Officer  
P. Schein, Sgt, Correctional Officer  
Melissa Himmelsbach, P.R.S. Specialist  
Kenneth Wells, P.R.S. Specialist

Tina Stanford

Byron Lockwood, Buffalo Police Dept. Commissioner  
Robert Danner, former Det. Lieutenant, B.P.D.

Patrick Boice, Lieutenant B.P.D.

Sean Ford, Patrol, B.P.D.

Kevin Murphy, Patrol, B.P.D.

Joseph Mullens, Patrol B.P.D.

G. Spelzman, Sgt, Correctional Officer

Defendants

Lt. Green Asst. Chief of Operations, Correctional  
Capt. Whalen Correctional facility staff

(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Taiwan Lowmuck + Pro-se

All other names by which  
you have been known:

ID Number

57251

Current Institution

Erie County Correctional Facility

Address

11581 Walden Avenue

Alden

City

NY

State

14004

Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name

Byron Brown / City of Buffalo  
MayorJob or Title (*if known*)

Shield Number

Employer

County of Erie, City of Buffalo  
Buffalo City Hall

Address

Buffalo

City

NY

State

14202

Zip Code



Individual capacity



Official capacity

**Defendant No. 2**

Name

Timothy B. Howard  
(Sheriff)Job or Title (*if known*)

Shield Number

Employer

County of Erie, City of Buffalo

Address

10 Delaware Ave

Buffalo

City

NY

State

14202

Zip Code



Individual capacity



Official capacity

(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

## Defendant No. 3

Name

Job or Title (if known)

Shield Number

Employer

Address

Thomas Duna  
Supt. of County Correctional & Holding Center  
County of Erie, City of Buffalo  
10 Delaware Ave  
Buffalo NY 14202  
City State Zip Code



Individual capacity



Official capacity

## Defendant No. 4

Name

Job or Title (if known)

Shield Number

Employer

Address

Alonzo Harris  
former Chief, Act. 1<sup>st</sup> Dep. Supt.  
County of Erie, City of Buffalo  
11381 Walden Ave  
Alden NY 14004  
City State Zip Code



Individual capacity



Official capacity

(see Attachment 1 cont'd)

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Due process, illegal search and seizure, Supv. Liability

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

Section B.

1) Cruel and Usual Punishment, Disclosure of protected and  
privacy information, invasion of privacy, false unlawful arrest  
indirect municipal liability



B. section Defendant No. 5

name Sunberg  
 Job or title Lieutenant  
 Shield number  
 Employer County of Erie, City of Buffalo  
 Address 11581 Walden Avenue  
Alden ny 14004  
 City State Zip Code  
☒ individual cap. ☒ Official cap.  
 Defendant No. 6

name P. Schein  
 Job or title Sergeant  
 Shield number  
 Employer County of Erie, City of Buffalo  
 Address 11581 Walden Avenue  
Alden ny 14004  
 City State Zip Code  
☒ individual cap. ☒ Official cap.  
 Defendant No. 7

name Paul Evans  
 Job or title former 1<sup>st</sup> Dep. Supt, Act. Lieutenant  
 Shield number  
 Employer County of Erie, City of Buffalo  
 Address ~~11581 Walden Avenue~~ 10 Delaware Avenue  
Buffalo ny 14202  
 City State Zip Code  
☒ individual cap. ☒ Official cap.  
 Defendant No. 8

name Mark Poloncarz  
 Job or title County Executive  
 Shield number  
 Employer County of Erie, City of Buffalo  
 Address 10 Pearl Street  
Buffalo ny 14202  
 City State Zip Code  
☒ individual cap. ☒ Official cap.

B. Section Defendant No 9

name melissa Himmelsbach  
 Job or title P.R.S. Specialist, DOCCS  
 Shield number  
 Employer County of Erie, City of Buffalo  
 Address PU Unit, 460 Main Street  
Buffalo ny 14202  
 City State Zip Code  
☒ individual cap. ☒ Official cap.

Defendant No 10

name Kenneth Wells  
 Job or title P.R.S. Specialist, DOCCS  
 Shield number  
 Employer County of Erie, City of Buffalo  
 Address PU Unit, 460 Main Street  
Buffalo ny 14202  
 City State Zip Code  
☒ individual cap. ☒ Official cap.

Defendant No. 11

name Tina Standford  
 Job or title  
 Shield number  
 Employer State of New York  
 Address The Harriman Bldg. State Office Bldg #2  
Albany ny 12226  
 City State Zip Code

Defendant No 12

name Byron Lockwood  
 Job or title Commissioner, Buffalo Police Dept.  
 Shield number  
 Employer County of Erie, City of Buffalo  
 Address Court Street  
Buffalo ny 14202  
 City State Zip Code  
☒ individual cap. ☒ Official cap.

Defendant No. 13

Name Robert Danner  
 Job or title former Det. Lieutenant B.P.D.  
 Shield Number  
 Employer County of Erie, City of Buffalo  
 Address 1847 South Park Avenue

Buffalo ny 14204  
 City State Zip Code  
☒ Individual cap. ☒ Official cap.

Defendant No. 14

Names Patrick Boice  
 Job or title Lieutenant B.P.D.  
 Shield number  
 Employer County of Erie, City of Buffalo  
 Address 693 East Ferry Street

Buffalo ny 14207  
 City State Zip Code  
☒ Individual cap. ☒ Official cap.

Defendant No. 15

Names Sean Ford  
 Job or title Patrol Officer B.P.D.  
 Shield Number  
 Employer County of Erie, City of Buffalo  
 Address 2767 Bailey Avenue

Buffalo ny 14215  
 City State Zip Code  
☒ Individual cap. ☒ Official cap.

Defendant No. 16

Names Kevin Murphy  
 Job or title Patrol Officer B.P.D.  
 Shield Number  
 Employer County of Erie, City of Buffalo  
 Address 2767 Bailey Avenue

Buffalo ny 14215  
 City State Zip Code  
☒ Individual cap. ☒ Official cap.



Defendant No. 17

Names Joseph Mullens  
 Job or title Patrol Officer  
 Shield number  
 Employer County of Erie, City of Buffalo  
 Address 2767 Bailey <sup>ave</sup>  
Buffalo NY 14215  
 City State Zip

Defendant No. 18 ☒ individual cap, ☒ Official cap,

Names G. Spielzman  
 Job or title Sgt.  
 Shield number  
 Employer County of Erie, City of Buffalo  
 Address 11581 Walden <sup>ave</sup>  
Alden NY 14004  
 City State Zip

Defendant No. 19

Names Capt. Whalen  
 Job or title Capt.  
 Shield number  
 Employer County of Erie, City of Buffalo  
 Address 11581 Walden <sup>ave</sup>  
Alden NY 14004  
 City State Zip

Defendant No. 20 ☒ individual cap, ☒ Official cap,

Names Lt. Green  
 Job or title Chief of Operations  
 Shield number  
 Employer County of Erie, City of Buffalo  
 Address 11581 Walden <sup>ave</sup>  
Alden NY 14004  
 City State Zip

☒ individual cap, ☒ Official cap,

(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

(see attached)

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☒ Other (explain) parolee

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

On Dec. 20, 2018 at Wakefield & Richlawn I was illegally pulled over and arrested unlawfully

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

Erle County Correctional facility - On May 17, 2021  
- On June 25, 2021  
(see attached)

C. What date and approximate time did the events giving rise to your claim(s) occur?

December 20, 2018 at 11:37pm, May 17, 2021 at 5:30pm,  
June 25, 2021

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

One claim is that On Dec. 20, 2018 I was, allegedly pulled over by B.P.D and Officers illegally flash light in to my vehicle which is intrusion of my rights, and false Arrest by B.P.D on Dec 20, 2018 which had me incarcerated for 2 years and 4 months and 8 days (See attached)

## V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Punitive damages, emotional distress and pain and suffering, mental stress and deterioration loss of sleep high anxiety and raised level of depression and increase in medication also of mental health meds,

## VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I would like the court to order civil monetary damages in the amount of 2.5 million Punitive damages, nominal damages 5,000 and compensatory damages 100,000 for my 2 years 4 months because of mental deterioration do to these issues and for 90 days SHU and loss of video visits etc and a \$525 dollar surcharge fee and I request for declaratory relief as to procedure and policy changes against B.P.D police and Erie County Correctional facility procedure for Administration Seg update to current laws and procedures for all Correctional facility's national wide.

**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☒ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Erve County Correctional facility - Delta Unit.

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☒ No

☐ Do not know

If yes, which claim(s)?

---



(cont'd) Lot 5

### Defendant No. 13

Name Robert Danner  
 Job or title former Det. Lieutenant B.P.D.  
 Shield Number  
 Employer County of Erie, City of Buffalo  
 Address 1847 South Park Avenue

Buffalo ny 14204  
 City State Zip Code  
☒ Individual cap. ☒ Official cap.

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 Job or title Sgt.  
 Shield number  
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Alden NY 14004  
 City State Zip

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 Job or title Capt.  
 Shield number  
 Employer County of Erie, City of Buffalo  
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(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

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unlawful

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Erle County Correctional facility - On May 17, 2021  
- On June 25, 2021  
(see attached)



(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

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December 20, 2018 at 11:37pm, May 17, 2021 at 5:30pm,  
June 25, 2021

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Punitive damages, emotional distress and pain and suffering, mental stress and deterioration loss of sleep high anxiety and raised level of depression and increase in medication also of mental health meds,

## VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I would like the court to order civil monetary damages in the amount of 2.5 million Punitive damages, nominal damages 5,000 and compensatory damages 100,000 for my 2 years 4 months because of mental deterioration do to these issues and for 90 days SHU and loss of video visits etc and a \$525 dollar surcharge fee and I request for declaratory relief as to procedure and policy changes against B.P.D police and Erie County Correctional facility procedure for Administration Seg update to current laws and procedures for all Correctional facility's national wide.



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Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☒ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Erle County Correctional facility - Delta Unit.

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☒ No

☐ Do not know

If yes, which claim(s)?

---

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☐ Yes

☒ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☒ No

- E. If you did file a grievance:

1. Where did you file the grievance?

I didn't file a grievance

2. What did you claim in your grievance?

none

3. What was the result, if any?

none

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

it's not grievable under rulers of the process.

- D.** Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☐ Yes

☒ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☒ No

- E.** If you did file a grievance:

1. Where did you file the grievance?

I didn't file a grievance

2. What did you claim in your grievance?

none

3. What was the result, if any?

none

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

it's not grievable under rulers of the process.

**F. If you did not file a grievance:**

1. If there are any reasons why you did not file a grievance, state them here:

rulers doesnt allow it.

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

I wrote tina stanford at DOCCS/ parole administrator

**G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.**

I appealed the disciplinary report to Chief Administration  
 (Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your officer, administrative remedies.)

**VIII. Previous Lawsuits**

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.



(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court *(if federal court, name the district; if state court, name the county and State)*

\_\_\_\_\_

3. Docket or index number

\_\_\_\_\_

4. Name of Judge assigned to your case

\_\_\_\_\_

5. Approximate date of filing lawsuit

\_\_\_\_\_

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

\_\_\_\_\_

(Rev. 01/21) Complaint for Violation of Civil Rights (Prisoner)

**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: \_\_\_\_\_

Signature of Plaintiff \_\_\_\_\_

Printed Name of Plaintiff \_\_\_\_\_

Prison Identification # \_\_\_\_\_

Prison Address \_\_\_\_\_

\_\_\_\_\_  
*City*\_\_\_\_\_  
*State*\_\_\_\_\_  
*Zip Code***B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
*City*\_\_\_\_\_  
*State*\_\_\_\_\_  
*Zip Code*

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Print

Save As...

Add Attachment

Reset

This civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

1. (a) PLAINTIFFS Tawwan D. Lowmack

DEFENDANTS Byron Brown, Mayor, City of Buford  
Timothy Howard (Sheriff)  
Thomas Bina (Supt)  
Paul Evans former 1st Dep Supt.  
County of Residence of First Listed Defendant Erie

(b) County of Residence of First Listed Plaintiff Erie  
(EXCEPT IN U.S. PLAINTIFF CASES)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

(c) Attorneys (Firm Name, Address, and Telephone Number)

Attorneys (If Known)

21 CV 6558

## II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

## III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| Citizen of This State                   | PTF <input checked="" type="checkbox"/> 1 | DEF <input checked="" type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State     | PTF <input checked="" type="checkbox"/> 4 | DEF <input checked="" type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2                | <input type="checkbox"/> 2                | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5                | <input type="checkbox"/> 5                |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3                | <input type="checkbox"/> 3                | Foreign Nation  | <input type="checkbox"/> 6                | <input type="checkbox"/> 6                |

## IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: [Nature of Suit Code Descriptions.](#)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>INTELLECTUAL PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <input type="checkbox"/> 880 Defend Trade Secrets Act of 2016 <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692) <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	<b>PRISONER PETITIONS</b> <b>Habeas Corpus:</b> <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <b>Other:</b> <input checked="" type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

## V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from Another District (specify)
- ☐ 6 Multidistrict Litigation - Transfer
- ☐ 8 Multidistrict Litigation - Direct File

## VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

28 U.S.C. 1331, 42 U.S.C. 1983

Brief description of cause:

false arrest, Due process, cruel and unusual punishment, Disclosure of privacy.

## VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$ 2.5 million

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☒ No

## VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

Wolford

DOCKET NUMBER

13 CV 6113

DATE

SIGNATURE OF ATTORNEY OF RECORD

## FOR OFFICE USE ONLY

RECEIPT # \_\_\_\_\_ AMOUNT \_\_\_\_\_ APPLYING IFP \_\_\_\_\_ JUDGE \_\_\_\_\_ MAG. JUDGE \_\_\_\_\_

Civil cover sheet cont'd (2 of 2 pgs)

Plaintiff(s)  
Tawana D. Lowmack

Defendant(s)  
Capt. Whalen  
Alonzo Harris, former Chief  
Act. 1st Dep. Supt. Correctional facility  
Sunberg, Lieutenant Correctional Off.  
P. Schein, Sgt. Correctional Officer  
Mark Polancarz, County Executive  
Melissa Himmelbach, DOCCS, P.R.S  
Specialist  
Kenneth Wells DOCCS, P.R.S specialist  
Tina Standford  
Byron Lockwood B.P.D. Commissioner  
Robert Danner former Detective, Act.  
Lieutenant  
Patrick Boice, Lieutenant, B.P.D  
Sean Ford, B.P.D Patrol Officer  
Kevin Murphy B.P.D Patrol Officer  
Joseph Mullens B.P.D Patrol Officer  
G. Spielzman, Sgt Correctional Officer

(see attached)

VI. Cause of Action

It. Green, Act. Chief of Operations  
Brief description of cause  
illegal search and seizer.  
Suprv. Liability, invasion of privacy.

Erie County Correctional Facility  
 11581 Walden Avenue  
 Alden, NY 14004  
 Taxman Inc. #57251



No  
 Funds  
 were  
 enclosed

United States District Court  
 Western District of New York  
 2 Niagara Square  
 Buffalo, NY 14202

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